

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 206
Registered No. 412

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 807 Nicks Canon St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Estela Luna } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female } To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ } 5. No., in order of birth. _____ } 6. Legitimate? yes } 7. Date of birth June 26-1930
Month Day Year

8. FATHER
Full name Gabriel Luna

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex
11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Silver City
(State or country) New Mex

13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Maria Martinez

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex
17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Jalis Co
(State or country) Mex

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 5 } (a) Born alive and now living. 4 } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 1 }
 } (c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife.)

Given name added from a supplemental report. _____ Address Miami, Arizona
Month, day, year July 5, 1930 Registrar E. E. Davis

531-626-4169

Check in order of birth stated.